	SMDC	-CS VT	C - SERV	VICE :	REQ	UEST		
Requester's Name (Local Point of Contact)			Requester E-mail			Phone Number	Date Submitted	
Event Subject/Title		Classification*	Date of Event	Set-up Tim	ne (If Req.)	Start Time (MST)	End Time (MST)	
Purpose of VTC:								
Presentation Media:	PC	Laptop	Doc. Camera					
Est. No. of Participants (Local)	Flag Level VTC Y/N	Senior Participating	g Flag Officer (From A	ny Location)	Preferred VT	TC Location		
		Required Inf	ormation For S	Scheduling	g VTCs			
Participating Site/s Site POO		Phone N	Vo. VTC Fa	cilitator	Phone	/VA	C Site ID: or ul-Up Number	
Remarks / Special	Set-up:							
*Security requireme	nts limit preser	ntation media to	either a secure (Secret) lapt	top or doc	c. camera during	all secure VTCs.	
			For CIO Use C	nly				
Scheduled Declined By			Date	Location	Location: Explorer VTC Suite (DVS-G)			
DVS-G Scheduled by: DVS-WS Fax Phone			Control Number		☐ Pioneer Conf. Rm. (DVS-G) ☐ 1 st Space Bde Conf. Rm. (Dial-up)			
Dial-Up Bridge	e	POC	Line Speed		1 st Space Bn. Conf. Rm. (Dial-up) Other Location			
Remarks			•	·				